SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 OF 46 (check only one)  17
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full)		
Crawford for Congress		
Full Name (Last, First, Middle Initial)  NATIONAL REPUBLICAN CONGRESSIONAL COMMITTE		Date of Disbursement
Mailing Address 320 FIRST STREET, SE		07 25 2015
City State WASHINGTON DC	Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION		40000.00 Transaction ID : SB21.I1595
Candidate Name Cat		
State: District:   Full Name (Last, First, Middle Initial)  MISSISSIPPI COUNTY REPUBLICAN COMMITTEE  Mailing Address 702 W QUINN AVENUE		Date of Disbursement  M M / D D / Y Y Y Y  08 02 _ 2015 _
City State OSCEOLA AR	Zip Code 72370	Amount of Each Disbursement this Period
Purpose of Disbursement NON FEDERAL CONTRIBUTION  Candidate Name		300.00 Transaction ID : SB21.I1598
Office Sought:  House Senate President  State:  Disbursement For Disbursem		
Full Name (Last, First, Middle Initial)		
Mailing Address P.O. BOX 753908		Date of Disbursement  M M / D D / Y Y Y Y  09 29 _ 2015 _
City State Zip Code		Amount of Each Disbursement this Period
LAS VEGAS NV 89136  Purpose of Disbursement		2000.00
CONTRIBUTION  Candidate Name  Category/		Transaction ID : SB21.I1619
	Type or: 2016	
State: NV District:  SUBTOTAL of Disbursements This Page (optional)		

TOTAL This Period (last page this line number only).....